

## HMO Renewal Status Report

Summary File Name: PHE\_Unwind\_HMO\_Renewal\_Status\_MMDDCCYY.csv

Frequency: Twice a Month

Channel: SFTP

### Summary

| Report Column            | Details                                                                                                      | Max Field Size | Format    | Optional or Required? |
|--------------------------|--------------------------------------------------------------------------------------------------------------|----------------|-----------|-----------------------|
| Medicaid ID              | Indicates the unique Medicaid identifier of the member.                                                      | 10             | NUMERIC   | Required              |
| CARES PIN                | Indicates a number which uniquely identifies a member within CARES.                                          | 10             | NUMERIC   | Required              |
| CARES Case               | Indicates a number which uniquely identifies a household.                                                    | 10             | NUMERIC   | Required              |
| Renewal Status Category  | Indicates the status of an individual's renewal.                                                             | 60             | CHARACTER | Required              |
| First Name               | Indicates the first name of the member.                                                                      | 15             | CHARACTER | Required              |
| Last Name                | Indicates the last name of the member.                                                                       | 20             | CHARACTER | Required              |
| Suffix                   | Indicates a name/number that further describes the individual (eg: 2-Sr,3-III).                              | 3              | CHARACTER | Optional              |
| Primary Person Indicator | Indicates whether the member is the main point of contact and primary member for their CARES case household. | 1              | CHARACTER | Optional              |

| Report Column | Details | Max Field Size | Format | Optional or Required? |
|---------------|---------|----------------|--------|-----------------------|
|---------------|---------|----------------|--------|-----------------------|

|                       |                                                                                                                         |    |           |          |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------|----|-----------|----------|
| DOB                   | Indicates the date of birth of the member. The format for this field is mm/dd/yyyy                                      | 10 | DATE      | Required |
| Gender                | Indicates the gender of the member. Valid values for this field are M and F.                                            | 1  | CHARACTER | Required |
| Benefit Plan          | Indicates the member's benefit plan as it is shown in ForwardHealth, such as BCSP or SSI.                               | 4  | CHARACTER | Optional |
| Med Stat              | Indicates the medical status code on file in CARES for a member.                                                        | 2  | CHARACTER | Optional |
| Eligibility End Date  | Indicates the member eligibility end date on file in CARES.                                                             | 10 | DATE      | Required |
| Address Line 1 – Home | Indicates the member's home address line 1 in CARES.                                                                    | 80 | CHARACTER | Optional |
| Address Line 2 – Home | Indicates the member's home address line 2 in CARES.                                                                    | 80 | CHARACTER | Optional |
| City – Home           | Indicates the city in which the member has on file for their home address in CARES.                                     | 15 | CHARACTER | Optional |
| State – Home          | Indicates the state in which the member has on file for their home address in CARES.                                    | 2  | CHARACTER | Optional |
| Zip+4 – Home          | Indicates the state in which the member has on file for their home address in CARES. 0's converted to blanks for Zip+4. | 9  | CHARACTER | Optional |
| County – Home         | Indicates the home county in which the member has on file for their home address in CARES.                              | 2  | NUMERIC   | Optional |

| Report Column            | Details                                                 | Max Field Size | Format    | Optional or Required? |
|--------------------------|---------------------------------------------------------|----------------|-----------|-----------------------|
| Address Line 1 – Mailing | Indicates the member's mailing address line 1 in CARES. | 80             | CHARACTER | Optional              |

|                                   |                                                                                                                            |    |           |          |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------|----|-----------|----------|
| Address Line 2 – Mailing          | Indicates the member’s mailing address line 2 in CARES.                                                                    | 80 | CHARACTER | Optional |
| City – Mailing                    | Indicates the city in which the member has on file for their mailing address in CARES.                                     | 15 | CHARACTER | Optional |
| State – Mailing                   | Indicates the state in which the member has on file for their mailing address in CARES.                                    | 2  | CHARACTER | Optional |
| Zip+4 – Mailing                   | Indicates the state in which the member has on file for their mailing address in CARES. 0's converted to blanks for Zip+4. | 9  | CHARACTER | Optional |
| Mailing Address Last Updated Date | Indicated the date of the last time the member updated their mailing address in CARES.                                     | 10 | DATE      | Optional |
| Phone Number - Home               | Indicates the home phone number in which the member has on file in CARES.                                                  | 10 | CHARACTER | Optional |
| Phone Number - Work               | Indicates the work phone number in which the member has on file in CARES.                                                  | 17 | CHARACTER | Optional |
| Phone Number - Cell               | Indicates the cell phone number in which the member has on file in CARES.                                                  | 10 | CHARACTER | Optional |
| Phone Number - Message            | Indicates the message phone number in which the member has on file in CARES                                                | 17 | CHARACTER | Optional |
| Email Address                     | Indicates the email address in which the member has on file in CARES.                                                      | 50 | CHARACTER | Optional |

| Report Column                | Details                                                                                                                                                                                                  | Max Field Size | Format    | Optional or Required? |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------|-----------------------|
| Preferred Contact Method     | Indicates the preferred contact method which the member has on file in CARES.                                                                                                                            | 200            | CHARACTER | Optional              |
| Race                         | Indicate the race of the individual. Values include: American Indian / Alaskan, Asian, Black / African American, Hawaiian / Other Pacific Islander, White, Other, Unknown, Decline to answer, Multi-race | 500            | CHARACTER | Optional              |
| Ethnicity                    | Indicates if the member is Hispanic. Values include: Hispanic or Latino/a, Non-Hispanic or Latino/a, Not Available                                                                                       | 500            | CHARACTER | Optional              |
| Language                     | Indicates the primary language of the member.                                                                                                                                                            | 200            | CHARACTER | Optional              |
| HMO Payee ID                 | Indicates the unique identifier of the HMO Plan in which the member is enrolled.                                                                                                                         | 10             | NUMERIC   | Required              |
| HMO Name                     | Indicates the name of the HMO Plan in which the member is enrolled.                                                                                                                                      | 50             | CHARACTER | Required              |
| IM Consortia / Tribal Agency | Indicates the consortia or tribal IM agency of which the member is associated to.                                                                                                                        | 40             | CHARACTER | Optional              |
| ACCESS Account Indicator     | Indicates whether the member has an ACCESS Account or not with a Yes or No value. Valid values for this field are Y or N.                                                                                | 1              | CHARACTER | Optional              |